JUN-15-2006	THU 01:39 PM MARG	GER JOHNSOI	N		FAX NO. 50	032744622	P. 01	
PE	·	PART :	B - FEE(S	S) TRA	NSMITTAL			
Complete and send	d this form, together w	vith applicabl	e fee(s), to	: Mail	Mail Stop ISS Commissioner P.O. Box 1450		\	
			0	or <u>Fax</u>	(571)-273-2885	irginia 22313-1450 5		
ANSTRUCTIONS This for processing Mr further co incident tales corrected maintenance fee notification	orm should be used for tran prespondence including the below or directed otherwise ms.	emitting the ISS Patent, advance of in Block 1, by (UR FEE and orders and no (a) specifying	PUBLIC tification t a new c	ATION FEE (if r of maintenance for orrespondence addr	equired). Blocks I through 5 eg will be mailed to the curre egs; and/or (b) indicating a se	should be completed when at correspondence address a cparate "FEE ADDRESS" fo	
	any thange of address)	or Fax (571)-273-2885 SUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed wher orders and notification of maintenance fees will be mailed to the current correspondence address a specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.						
	590 03/16/2006					Cartificate of Mailing on The		
MARGER JOHNSON & MCCOLLOM, P.C. 210 SW MORRISON STREET, SUITE 400 PORTLAND, OR 97204					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
/16/2006 RMEBRAH1 00000	Kim M. Rams		amsey	(Depositors nume)				
FC:1501 1400.00 OP			- tim		- time	M. Hans	(Signature)	
				~,.	Trine 15.	2006	(Date)	
APPLICATION NO.	FILING DATE FIRST NAMED INVE			D INVEN	ror	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/038,440 01/03/2002 TITLE OF INVENTION: NETWORK TELEPHONY DEVICES.			Cary Fitzgerald		2705-185	6957		
MOSIC-ON-ROLD						D.D.D.D.M.VOLIGO IRAM.		
APPLN. TYPE	SMALL ENTITY	ISSUB FEE		PU	BLICATION FEE	TOTAL FEE(S) DIJE	DATE DUB	
		\$1400	1400		\$0	\$1400	06/16/2006	
BXAMINER		ART UNIT		C1.	ASS-SUBCLASS			
NGUYEN, STEVEN H D		2665 370-352000		****				
 Change of correspondence address or indication of "Fee Addres CFR 1 363). 			AND DODD PARTICON OF					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			o or agents OR, alternatively, MCCOLLOM P. C.					
"Pec Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T	HE PATENT	(print or	type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified bel- 37 CFR 3.11. Completion of	ow, no assignee of this form is NOT	data will appe la substitute i	ear on the for filing	patent. If an assignment.	gnee is identified below, the d	document has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
CISCO TECH	San Jose, California							
Picase check the appropriate	assignee category or categori	cs (will not be pri	nted on the pa	atent) :	K laubivibal	Corporation or other private gr	oup entity Government	
4a. The following fee(s) arc c	enclosed:		Payment of l	Fce(s):				
			A check in the amount of the fee(s) is enclosed.					
Advance Order - # of		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-1703 (enclose an extra copy of this form).						
			Deposit A	ccount N	mber 13-1703	(enclose an ext	ra copy of this form).	
5. Change in Entity Status (a. Applicant claims SM	FALL ENTITY status, Sec 37	CFR 1.27.	□ h. Applica	ını is no l	onder alsimina SM	ALL BITTTY status. Sec 37 C	TD 1.43(-)40)	
The Director of the USPTO is NOTE: The Issue For and Pul interest as shown by the recor	requested to apply the Issue blication Fee (if required) wil ds of the United States Pater	Fee and Publicati Il not be accepted t and Trademark (on Fee (if any from anyone Office.	other than	apply any provious the applicant; a ref	sly paid issue fee to the applications of the application of agent; or the	tion identified above. te assignee or other party in	
Authorized Signature	les the	1/				June 15, 2006		
Typed or printed name			Registration:	E4 630				

06 01

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Deputtment of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.